

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092002 (1)

1. Corporation Name

CLASSIC MOTOR CARS OF FLORIDA, INC.



Principal Place of Business

1715 17TH COURT
JUPITER FL 33477

Mailing Address

1715 17TH COURT
JUPITER FL 33477

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1408 N. KILLIAN DR

26 1408 N. KILLIAN DR

4. FCI Number

65-0625670

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 103

27 STE 103

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 LAKE PARK FL

28 LAKE PARK FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33403

25 PALM BCH

29 33403

30 PALM BCH

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
HALPNER, DAVID
1715 17TH COURT
JUPITER FL 33477 ☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
HA PRES D.
HALPNER, ELLEN
8569 DOVER BROOK DR
P.B.G. FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
HALPNER, ELLEN
1715 17TH COURT
JUPITER FL 33477 ☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP
V.B.D.
HALPNER, DAVID
8569 DOVER BROOK DR
P.B.G. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 407
848-7373

CR2E034 (12/95)